



South Carolina  
Department of Labor, Licensing and Regulation



Mark Sanford  
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Board of Medical Examiners

**REQUIREMENTS FOR EXEMPTION FOR VENTILATION BY NON-RESPIRATORY CARE PRACTITIONERS**

**GENERAL INFORMATION**

Must be a healthcare professional who is licensed by the State or an individual who has proven competency in one or more of the functions included in the definition of the practice of respiratory care.

**REQUIREMENTS**

In order to qualify for exemption, the applicant must file an exemption application provided by the Board and meet the following requirements:

- 1) submit a copy of the course description and faculty who provided the formal training;
- 2) submit proof of initial ongoing competency assessment in the application of artificial pressure adjuncts to the respiratory system; and
- 3) submit information regarding their employment status and employment setting.
- 4) provide proof of formal training in the application of artificial pressure adjuncts to the respiratory system:
  - a. Set-up, application, troubleshooting, and maintenance of artificial pressure adjuncts:
    - 1) Continuous Positive Airway Pressure (CPAP)
    - 2) Bi-Level Positive Airway Pressure (BIPAP)
    - 3) Invasive mechanical Ventilation (via artificial airway)
  - b. Patient assessment and ongoing response to application of artificial pressure adjuncts to the respiratory system:
    - 1) Pulse oximetry
    - 2) Specimen collection (i.e.; arterial blood gas analysis)
    - 3) Pulmonary function testing (weaning parameters)
    - 4) Ventilator settings
    - 5) Exhaled tidal volume
    - 6) Analysis of fraction of inspired oxygen
    - 7) Plan of care
  - c. Indication, contra-indication, and hazards associated with the application of artificial pressure adjuncts to the respiratory system.
  - d. Response to emergencies associated with the application of artificial pressure adjuncts to the respiratory system:
    - 1) power failure
    - 2) accidental loss of an artificial airway
    - 3) equipment failure
  - e. Infection control procedures associated with the application of artificial pressure adjuncts to the respiratory system.
  - f. Appropriate return demonstrations in the use of and application of all previously described criteria.



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**APPLICATION FOR INDIVIDUAL EXEMPTION FOR  
VENTILATION BY NON-RESPIRATORY CARE PRACTITIONERS**

**IMPORTANT:** Read the enclosed requirements carefully before completing application.

(PLEASE TYPE OR PRINT CLEARLY)

I hereby make application for exemption for ventilation by a non-Respiratory Care Practitioner pursuant to Section 40-47-530 (A) and (3) of the South Carolina Respiratory Care Practice Act and submit the statements of facts below with the required supporting documents: *The application form itself is a document obtainable under the Freedom of Information Act.*

Applicant's Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
City State Zip

Home Phone: ( ) \_\_\_\_\_

South Carolina Place of Employment: \_\_\_\_\_

Street Address  
City State Zip  
Business Phone ( ) \_\_\_\_\_

Professional Job Title: \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_

License/Certificate Issued By: \_\_\_\_\_  
(Department or State Board)

S.C. Medical Director Name: \_\_\_\_\_

Direct Supervisor Name (RCP or RPSGT): \_\_\_\_\_  
(This information is not required for RPSGTs)

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

*Attach copies of course description and/or certificates of training, accreditation of facility*

**AFFIDAVIT OF ELIGIBILITY**

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

**Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. \_\_\_ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. \_\_\_ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. \_\_\_ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. \_\_\_ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. \_\_\_ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. \_\_\_ I am a US citizen, not physically present or employed in the United States.
  - b. \_\_\_ I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.

- Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
- Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. State: \_\_\_\_\_
- Valid Temporary Resident Card
- Certificate of Naturalization with intact photo
- Certificate of (US) Citizenship with intact photo
- Other: (Name of verifiable document) \_\_\_\_\_

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

\_\_\_\_\_  
(If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Social Security Number**

4. What is the expiration date of your secure and verifiable document? \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

***The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.***